or: 3/4

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Approved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).)		Docket Number (Option	Docket Number (Optional)	
		P-US-JK-01477 B		
Application Number 10/632,559		Filed July 31, 200	Filed July 31, 2003	
For Power Tool Control System User Interface				
Art Unit 2125		Examiner Rao, Si	neela S.	
This is a request under the provisions of 37 CFR 1.136(a) to application.	o extend the period for t	iling a reply in the above in	dentified	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
▼ Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <u>450.00</u>	
☐ Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 CFI A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attacked. The Director has already been authorized to charge any Deposit Account Number 02-2548. I have encloward information on this form may become put this form. Provide credit card information and authorized to charge any Deposit Account Number 02-2548. I have encloward information and authorized to charge any Deposit Account Number 02-2548. I have encloward information and authorized to charge any Deposit Account Number 02-2548. I have encloward form. Provide credit card information and authorized to charge any Deposit Account Number 02-2548. I have encloward form. Provide credit card information and authorized to charge any Deposit Account Number 02-2548. I have encloward form. Provide credit card information and authorized to charge any Deposit Account Number 02-2548. I have encloward form. Provide credit card information and authorized to charge any Deposit Account Number 02-2548. I have encloward form. Provide credit card information and authorized to charge any Deposit Account Number 02-2548. I have encloward form. Provide credit card information and authorized to charge any Deposit Account Number 02-2548. I have encloward form the form may become put this form any Deposit Account Number 02-2548. I have encloward form the form may become put this form any Deposit Account Number 02-2548. I have encloward form the form may become put this form any Deposit Account Number 02-2548. I have encloward form the form may become put this form any Deposit Account Number 02-2548. I have encloward for the form may become put this form any Deposit Account Number 02-2548. I have encloward for the form may become put this form any Deposit Account Number 02-2548. I have encloward for the form may become put this form the f	ched. Inge fees in this applicate set a duplicate copy ublic. Credit card information on PTO-2036 Interest. See 37 CF 73(b) is enclosed. (F	equired, or credit any over of this sheet, remation should not be in 3. R 3.71 orm PTO/SB/98).	verpayment, to	
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
Janl F. R.		August 2, 2006	;	
Signature		Date		
Joseph P. Key Typed or printed name	_	410-716-2830		
NOTE: Signatures of all the Inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if				
more than one signature is required, see below. Total of forms are submitted.				
Total of forms are submitted.				

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commarca, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTQ-9199 and select option 2.

* Fax sent by : 410 716 2610